



**Policy:** 3060  
**Procedure:** 3060.01  
**Chapter:** Medication Management  
**Rule:** Pharmacy Operations

**Effective:** 08/06/07  
**Replaces:** 3100.11  
**Dated:** 06/24/04

### **Purpose:**

The Arizona Department Juvenile Corrections (ADJC) shall ensure that pharmaceutical services are provided at secure facilities to ensure the timely dispensing of medications by a Registered Pharmacist pursuant to orders from a duly licensed physician, dentist, or midlevel provider. The ADJC Pharmacist shall oversee pharmaceutical services.

### **Rules:**

1. **ADJC** shall maintain a formulary for medications available to providers as determined by the Medical Director in consultation with the pharmacist and the members of the Pharmacy and Therapeutic Committee (P&T). The **MEDICAL DIRECTOR OR DESIGNEE** shall review all requests from the providers for non-formulary medications prior to the pharmacist dispensing the medication in accordance with Procedure 3060.07 Authorization for Non-Formulary Medication.
2. The **P&T COMMITTEE** shall convene on at least a quarterly basis as an advisory group.
  - a. The **MEDICAL DIRECTOR OR DESIGNEE** shall appoint a physician and one representative from each group of dentists, nurse supervisors, psychiatrists, and mid-level practitioners as voting members on the P&T Committee;
  - b. The **ADJC PHARMACIST** shall:
    - i. Serve as the chairperson for the committee;
    - ii. Call quarterly meetings, at a minimum;
    - iii. Set the agenda; and
    - iv. Ensure documentation of the business conducted at the meeting.
  - c. The **P&T COMMITTEE** shall oversee pharmacy practices and drug utilization within the secure facilities.
3. In accordance with state and federal regulations, the **PHARMACIST** shall:
  - a. Supervise pharmaceutical operations;
  - b. Order inventory from a contracted vendor in a timely manner;
  - c. Maintain an adequate inventory of medication at all ADJC facilities;
  - d. Rotate stock;
  - e. Ensure the medications are within the appropriate expiration dates; and
  - f. Conduct monthly on-site inspections of all medication storage areas at ADJC secure facilities.
4. The **PHARMACIST** in consultation with the Medical Policy Committee shall develop and implement procedures to ensure access to the pharmacy when no pharmacist is on duty and when it is deemed an emergency by the Medical Director.
  - a. The **MEDICAL POLICY COMMITTEE** shall ensure these procedures conform to the following requirements:
    - i. Access is delegated to or by the Medical Director in writing;
    - ii. Access may be delegated only to a Correctional Registered Nurse Supervisor (CRNS II) who has received training from the pharmacist in proper methods of access, removal of drugs, and recordkeeping procedures; and
    - iii. Access is delegated by the CRNS II to another nurse only in an emergency.
  - b. The **DELEGATED QUALIFIED HEALTH CARE PROFESSIONAL (QHCP)** shall:
    - i. List the specific drug removed on Form 3060.01A Emergency Pharmacy Access;

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- ii. Attach the original or direct copy of the Physician's order for the drug to Form 3060.01A.
  - c. Within four hours after the Pharmacist returns to duty following an absence in which the Pharmacy was accessed by a nurse to whom the authority had been delegated, the **PHARMACIST** shall verify all records of drug removal.
5. The **QHCP** shall provide prescription orders with the original signature or documented verbal orders to the pharmacist.
  - a. The **PHARMACIST** shall:
    - i. Distribute medications from central pharmacy upon valid authorized provider orders to the appropriate facility;
    - ii. Distribute over-the-counter medications (OTCs) to each secure facility upon the request of the facility QHCP; and
    - iii. Provide an adequate supply of Immediate Dispensing Medication (IDM) to the secure facility.
6. The medication amount dispensed to the facility at any given time is at the discretion of the pharmacist as long as within the parameters of the prescription. The **PHARMACIST** shall:
  - a. Dispense all prescription medications in liquid or tablet and/or capsule form in bubble packs for administration by QHCPs;
  - b. Color-code the bubble packs to reflect the administration times:
    - i. Yellow for morning;
    - ii. Green for lunch;
    - iii. Red for dinner; and
    - iv. Blue for bedtime.
  - c. Determine the administration times as follows:
    - i. *Quaque die* (QD) every day as directed by provider;
    - ii. *Bis in die* (BID) twice a day for morning and dinner;
    - iii. *Ter in die* (TID) three times a day for morning, lunch, and dinner; and
    - iv. *Quater in die* (QID) four times a day for morning, lunch, dinner, and bedtime.
7. The **PHARMACIST AND QHCPs** shall store all medications under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. The **PHARMACIST AND QHCPs** shall:
  - a. Store antiseptics, other medications for external use, and disinfectants separately from internal and injectable medications;
  - b. Store medications separately according to categories (e.g. topicals, eye solutions, etc.);
  - c. Store medication requiring special storage for stability (e.g. medication requiring refrigeration) accordingly;
  - d. Maintain drug storage at a temperature between 59 and 86 degrees Fahrenheit (F);
  - e. Store medications requiring refrigeration between 35 and 46 degrees F;
  - f. Store vaccines separately;
  - g. Monitor and record refrigerator temperatures daily;
  - h. Initial and date vaccines and other injectables when opened;
  - i. Discard opened vaccines and injectables upon expiration or 90 days, whichever comes first;
  - j. Remove all outdated, discontinued, or recalled medications from drug storage and medication areas
  - k. Maintain freezer temperature at 0 degrees F or lower.
8. Each secure facility shall maintain maximum security storage of and accountability by use for all medications including Drug Enforcement Agency (DEA) controlled substances.
  - a. **QHCP** shall:
    - i. Store these medications in a locked area with a restricted key entry that is not accessible to the juvenile or unauthorized employee;

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- ii. Store DEA controlled medication with two different locks.
9. Quality Assurance.
- a. The **PHARMACIST** shall:
    - i. Monitor pharmacy operations at each secure facility on a monthly basis including inventory audits using Form 3060.01B Monthly Pharmacy Inspections Checklist;
    - ii. Provide findings of these visits to the Medical Director that shall be discussed at quarterly P&T Committee meetings; and
    - iii. Provide education and drug information to QHCPs.
  - b. The **CRNSIIs** shall be responsible for the monitoring and oversight of all on-site medication processes including weekly review of Medication Administration Records (MARs);
  - c. The **MEDICAL DIRECTOR OR DESIGNEE** shall ensure that prescriptive practices are commensurate with current community practice and patient outcome monitoring is conducted;
  - d. **MEDICAL DIRECTOR AND CRNSIIs** shall review Medication Mishap Reports;
  - e. The **P&T COMMITTEE** shall oversee pharmacy practices and drug utilization within the secure facilities.
10. In the event a prescription medication is needed outside the hours of pharmacy operation and is unavailable through the stock as determined by the Medical Director, the **QUALIFIED HEALTH CARE PROFESSIONAL (QHCP)** shall:
- a. Purchase the medication from the appropriate pharmacy;
  - b. Notify the pharmacist and the medical business manager of the purchase within 24 hours.

Effective Date:	Approved by Process Owner:	Review Date:	Reviewed By:
08/10/07	Ronald G. Williams MD		